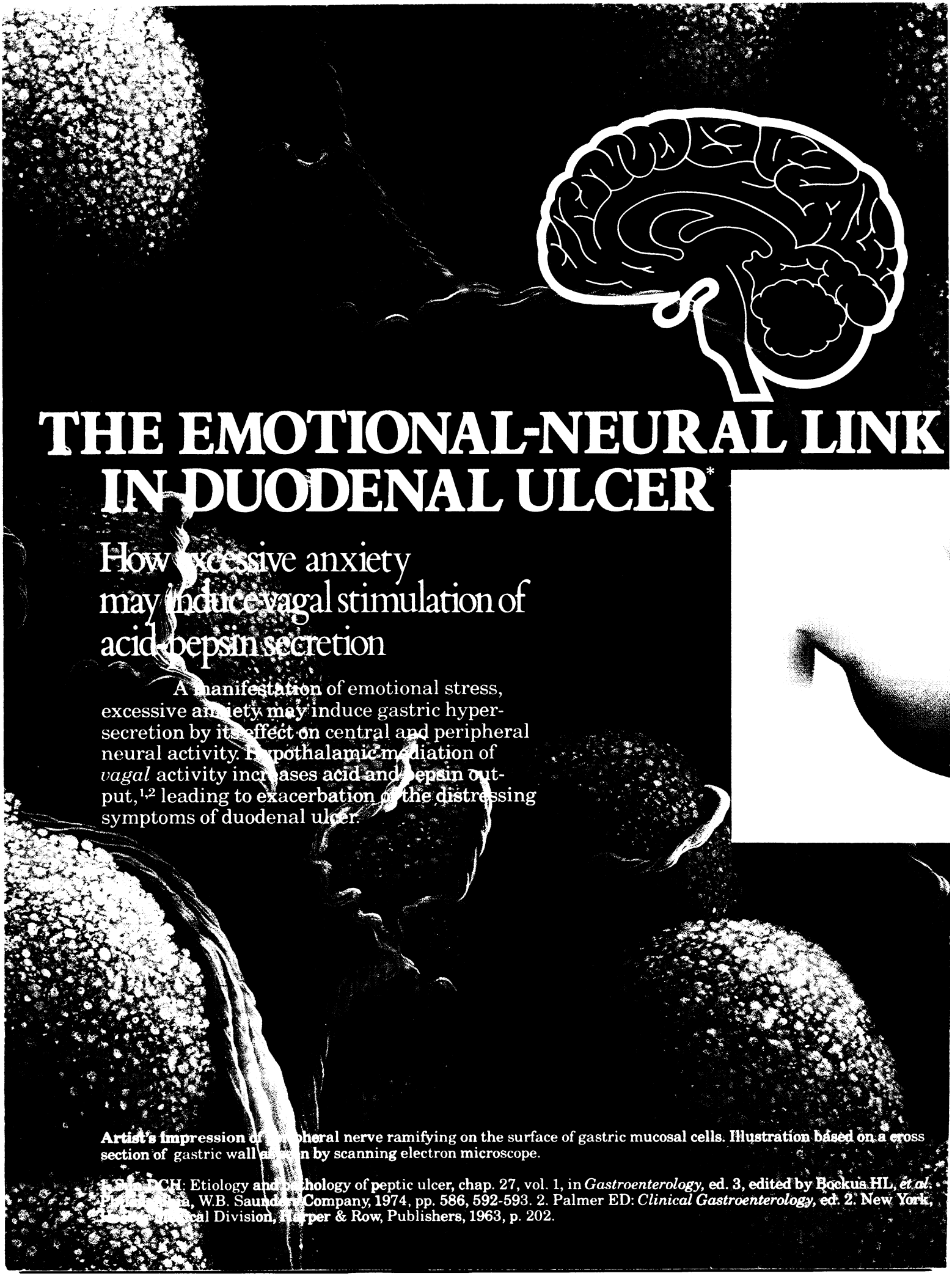


THE EMOTIONAL-NEURAL LINK IN DUODENAL ULCER*

How excessive anxiety may induce vagal stimulation of acid-pepsin secretion

A manifestation of emotional stress, excessive anxiety may induce gastric hypersecretion by its effect on central and peripheral neural activity. Hypothalamic mediation of *vagal* activity increases acid and pepsin output,[1,2] leading to exacerbation of the distressing symptoms of duodenal ulcer.

Artist's impression of peripheral nerve ramifying on the surface of gastric mucosal cells. Illustration based on a cross section of gastric wall as seen by scanning electron microscope.

1. Spiro HM: Etiology and pathology of peptic ulcer, chap. 27, vol. 1, in *Gastroenterology,* ed. 3, edited by Bockus HL, *et al.* Philadelphia, W.B. Saunders Company, 1974, pp. 586, 592-593. 2. Palmer ED: *Clinical Gastroenterology,* ed. 2. New York, Medical Division, Harper & Row, Publishers, 1963, p. 202.

THE CLEAR ADVANTAGES OF ADJUNCTIVE LIBRAX

- Specific antianxiety action of LIBRIUM® (chlordiazepoxide HCl)
- Potent antisecretory-antispasmodic actions of QUARZAN® (clidinium Br)
- Single Rx and dosage schedule favoring sustained patient compliance

Librax®

Each capsule contains
5 mg chlordiazepoxide HCl
and 2.5 mg clidinium Br.

antianxiety/antisecretory/antispasmodic

***Librax has been evaluated as possibly effective for this indication.**
Please see brief summary of prescribing information on following page.

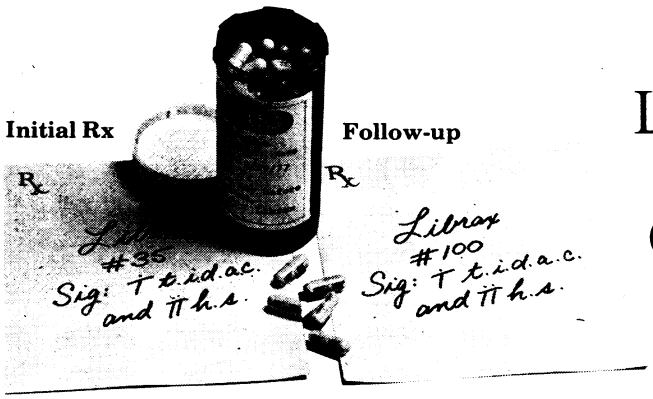
ROCHE

In duodenal ulcer* therapy adjunctive Librax®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.

reduces excessive anxiety and associated hypersecretion

through the antianxiety action of LIBRIUM® (chlordiazepoxide HCl) through the antisecretory effect of QUARZAN® (clidinium Br)



The initial prescription allows evaluation of patient response to therapy.

Follow-up therapy with a prescription for a 2- to 3-week supply of medication usually helps maintain patient gains.

Please consult complete prescribing information, a summary of which follows:

* **Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.

Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium Br.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Physical and psychological dependence rarely reported on recommended doses, but use caution in administering Librium® (chlordiazepoxide HCl) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions) reported following discontinuation of the drug.

***Usage in Pregnancy:* Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.**

As with all anticholinergics, inhibition of lactation may occur.

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established.

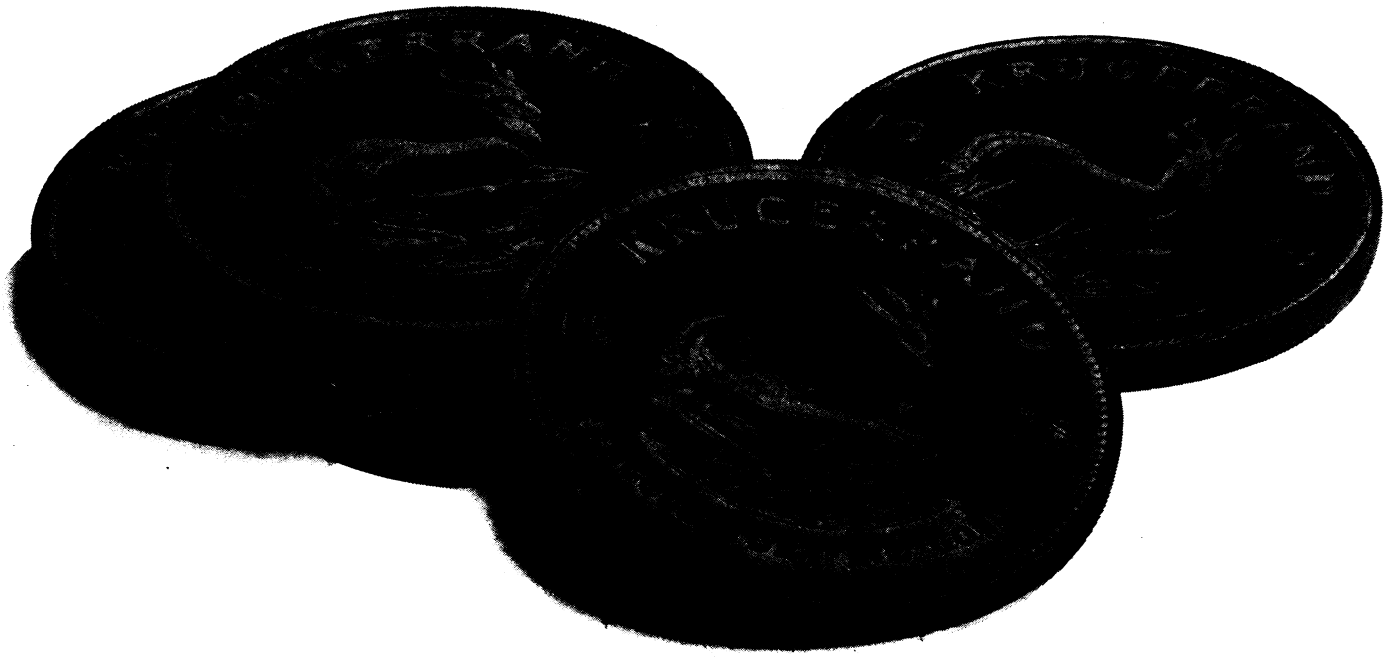
Adverse Reactions: No side effects or manifestations not seen with either compound alone reported with Librax. When chlordiazepoxide HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated; avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with chlordiazepoxide HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, *i.e.*, dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

Dosage: Individualize for maximum benefit. Usual maintenance dose is 1-2 capsules, 3-4 times/day, before meals and at bedtime. Geriatric patients—see Precautions.

How Supplied: Available in green capsules, each containing 5 mg chlordiazepoxide HCl (Librium®) and 2.5 mg clidinium Br (Quarzan®)—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 50, singly and in trays of 10.

ROCHE

Roche Products Inc.
Manati, Puerto Rico 00701



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When the pill, the IUD, or the diaphragm is not the answer.

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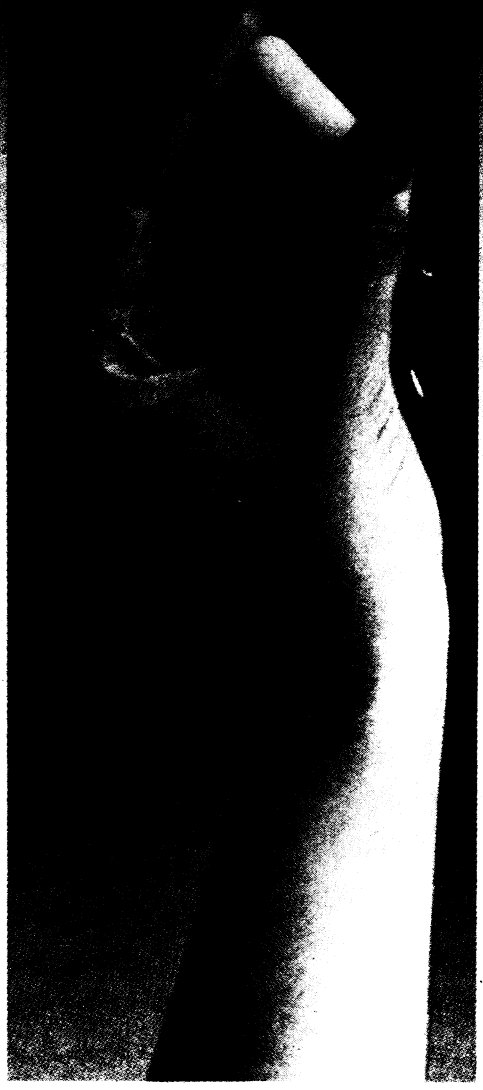

...inconvenience of the fuss and mess of creams, creams and jellies, plus the minor irritations sometimes caused by the other vaginal suppository often discourage compliance.

Now there's a sensible alternative: Semicid. It's a medically tested, non-hormonal vaginal suppository that is both safe and effective. In fact, Semicid contains the maximum recommended 100 mg. level of nonoxynol-9, the long-recognized standard of spermicidal efficacy.

U.S. Clinical Study Proves Semicid Safe and Effective.

In a recent U.S. clinical study,* 326 women were monitored for a total of 4890 women-months. This study was conducted by a gynecologist and was carefully reviewed by independent gynecological groups at two major universities. In comparing the findings of these groups with published reports of other contraceptive methods, Semicid is shown to be effective in the prevention of pregnancy.

Patient acceptance was also very high. In fact, 85% of those clinically evaluated were so satisfied, they planned to continue to use

...convenience of the new delivery system helped enhance compliance and, therefore, efficacy.

Simple and Gentle Enough To Assure Compliance.

Semicid delivers this potent spermicide in a convenient, gadget-free, one-inch vaginal suppository that maximizes compliance. Your patient can use it simply, unobtrusively, and only when it is needed. Once it is digitally inserted, Semicid forms an effective spermicidal barrier within 15 minutes. Women using the product found Semicid non-irritating. Semicid is non-staining and has no unpleasant taste or odor.

When you consider all that—the safety, efficacy, and convenience of this new contraceptive—you can see why your patients will continue to use Semicid once they have tried it. Use only as directed.

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Fill in Below and Mail to:
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*Data on file, Whitehall Laboratories

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Health care professionals all over California are finding a way to eliminate insurance forms. And patient billing, recall notices, past due reminders and more.

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In addition to providing more efficient record and money management, Datamedic gives you more time to spend with your patients, a chance to keep abreast of the latest developments in your field. . . perhaps a few extra hours to spend with your family and friends.

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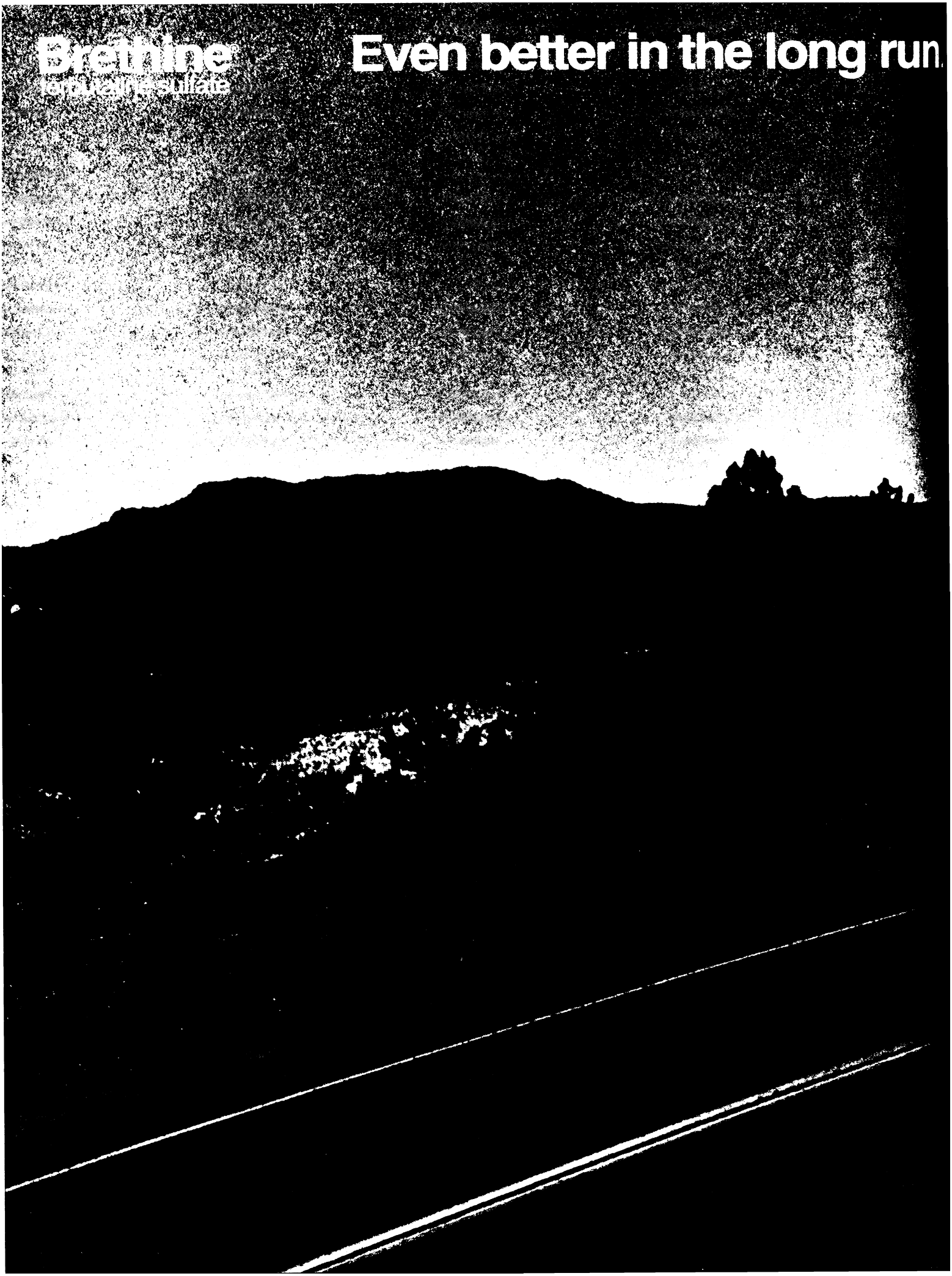
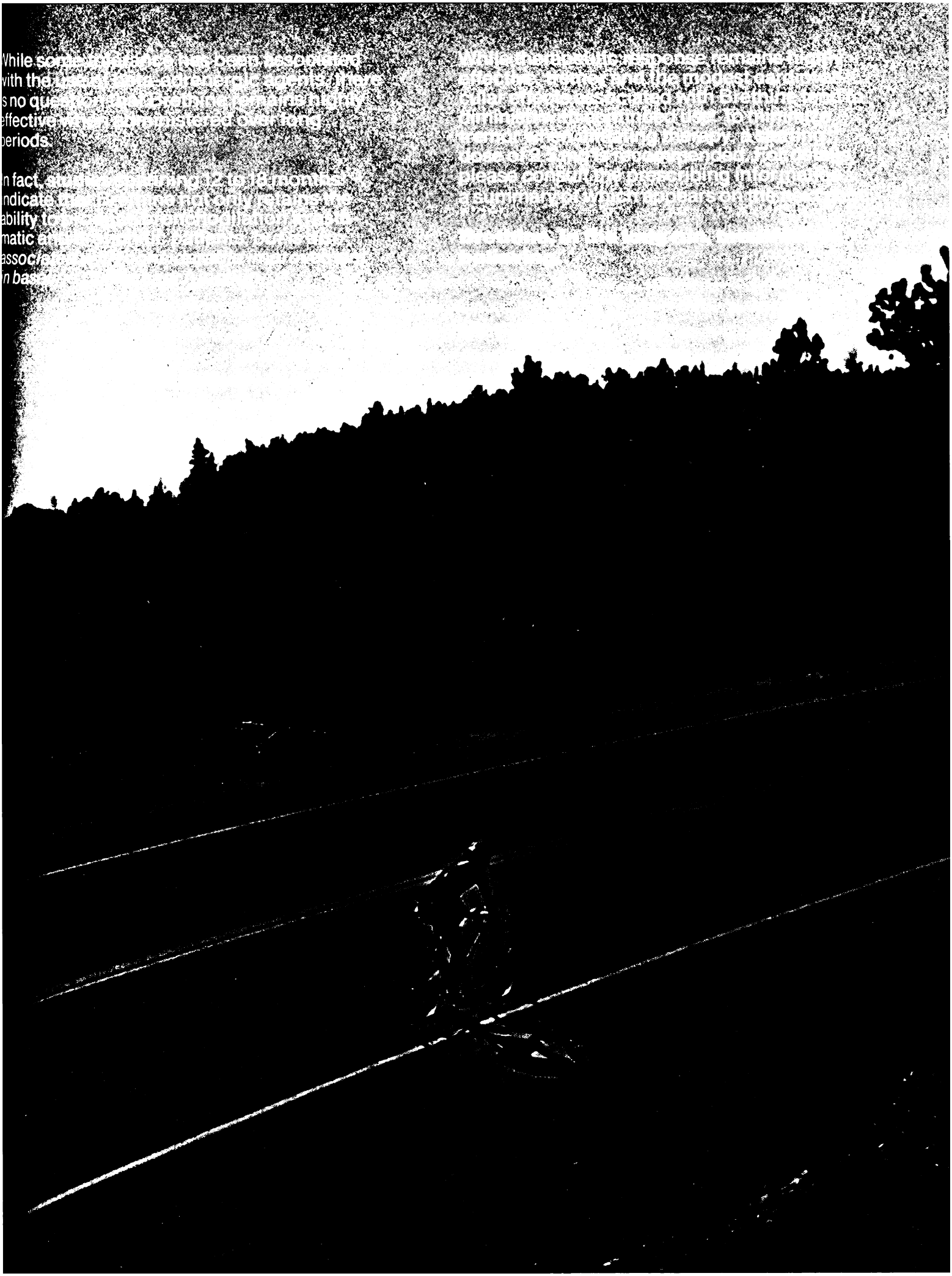

Even better in the long run



Brethine®
terbutaline sulfate

Now the most widely prescribed bronchodilator tablet in the U.S.

In the long run, breathing is believing.

1. Formgren H: The therapeutic value of oral long-term treatment with terbutaline in asthma. Scand J Respir Dis *56*(6):321-328, 1975.
2. Larsson S et al: Lack of bronchial beta adrenoceptor resistance in asthmatics during long-term treatment with terbutaline. J Allergy Clin Immunol *59*(2):93-100, 1977.
3. Wilson AF et al: Cardiopulmonary effects of long-term bronchodilator administration. J Allergy Clin Immunol *58*(1):204-212, 1976.

Geigy

Brethine®, brand of terbutaline sulfate, Tablets 5 mg., Tablets 2.5 mg. *Before prescribing or administering, please consult complete product information, a summary of which follows:*

Tablets contain 5 mg. (equivalent to 4.1 mg. of free base) or 2.5 mg. (equivalent to 2.05 mg. of free base) of Brethine, brand of terbutaline sulfate.

Indications: As a bronchodilator for bronchial asthma and for reversible bronchospasm which may occur in association with bronchitis and emphysema.

Contraindications: Known hypersensitivity to sympathomimetic amines.

Warnings: *Usage in Pregnancy:* The safety of the use of Brethine, brand of terbutaline sulfate, in human pregnancy has not been established. The use of the drug in pregnancy, lactation, or women of childbearing potential requires that the expected therapeutic benefit of the drug be weighed against its possible hazards to the mother or child.

Usage in Pediatrics: Brethine, brand of terbutaline sulfate, tablets are not presently recommended for children below the age of twelve years due to insufficient clinical data in this pediatric group.

Precautions: Brethine, brand of terbutaline sulfate, should be used with caution in patients with diabetes, hypertension, hyperthyroidism, and a history of seizures. As with other sympathomimetic bronchodilator agents, Brethine, brand of terbutaline sulfate, should be administered cautiously to cardiac patients, especially those with associated arrhythmias. Although the concomitant use of Brethine, brand of terbutaline sulfate, with other sympathomimetic agents is not recommended, the use of an aerosol bronchodilator of the adrenergic stimulant type for the relief of an acute bronchospasm is not precluded in patients receiving chronic oral Brethine, brand of terbutaline sulfate, therapy.

Adverse Reactions: Commonly observed side effects include nervousness and tremor. Other reported reactions include headache, increased heart rate, palpitations, drowsiness, nausea, vomiting, sweating, and muscle cramps. These reactions are generally transient in nature, usually do not require treatment, and appear to diminish in frequency with continued therapy. In general, all the side effects observed are characteristic of those commonly seen with sympathomimetic amines.

How Supplied: Round, scored, white tablets of 5 mg. in bottles of 100 and 1,000 and Unit Dose Packages of 100; oval, scored, white tablets of 2.5 mg. in bottles of 100 and 1,000 and Unit Dose Packages of 100.

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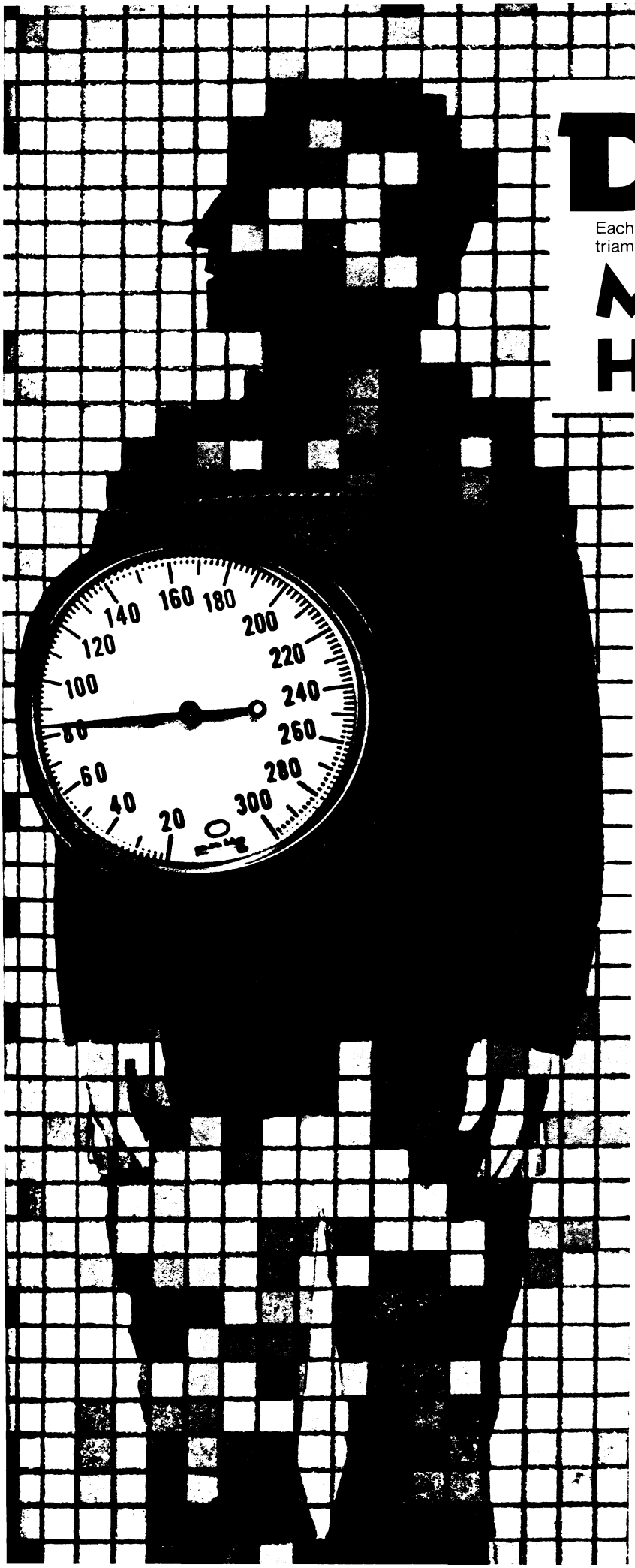

Dyazide®

Each capsule contains 50 mg. of Dyrenium* (brand of triamterene) and 25 mg. of hydrochlorothiazide.

Makes Sense in Hypertension*

Before prescribing, see complete prescribing information in SK&F Co. literature or *PDR*. A brief summary follows:

* **Warning**
This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

Contraindications: Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K+ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K+ intake. **Associated widened QRS complex or arrhythmia requires prompt additional therapy.** Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available.

Precautions: Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum K+ frequently; both can cause K+ retention and elevated serum K+. Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

Supplied: Bottles of 100 and 1000 capsules; Single Unit Packages of 100 (intended for institutional use only).

SK&F CO.
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Toby G. Mayer, MD
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Telephone: (213) 226-2466

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ACCREDITATION:

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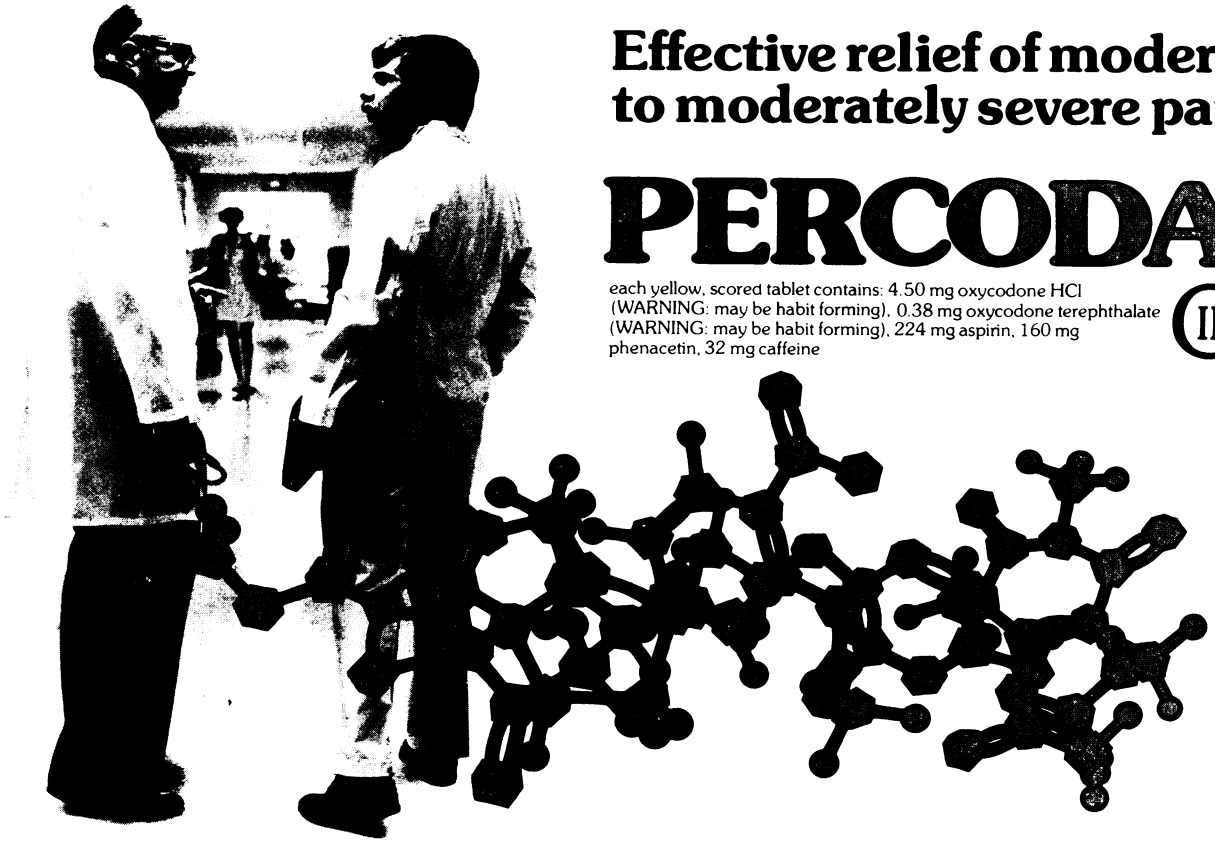
3. Minimize potential risk

Prescribe in limited quantities for selected patients.

Schedule II classification means no refills, no telephone Rx. Patients with persistent pain must return for your evaluation of analgesic needs.

4. Provide adequate analgesia with minimum doses

Consider PERCODAN® because patients rarely ask for increased dosage. PERCODAN® relief can last up to six hours–until time for next tablet.



Effective relief of moderate to moderately severe pain

Tablets

PERCODAN®

each yellow, scored tablet contains: 4.50 mg oxycodone HCl (WARNING: may be habit forming), 0.38 mg oxycodone terephthalate (WARNING: may be habit forming), 224 mg aspirin, 160 mg phenacetin, 32 mg caffeine

Ⓒ II

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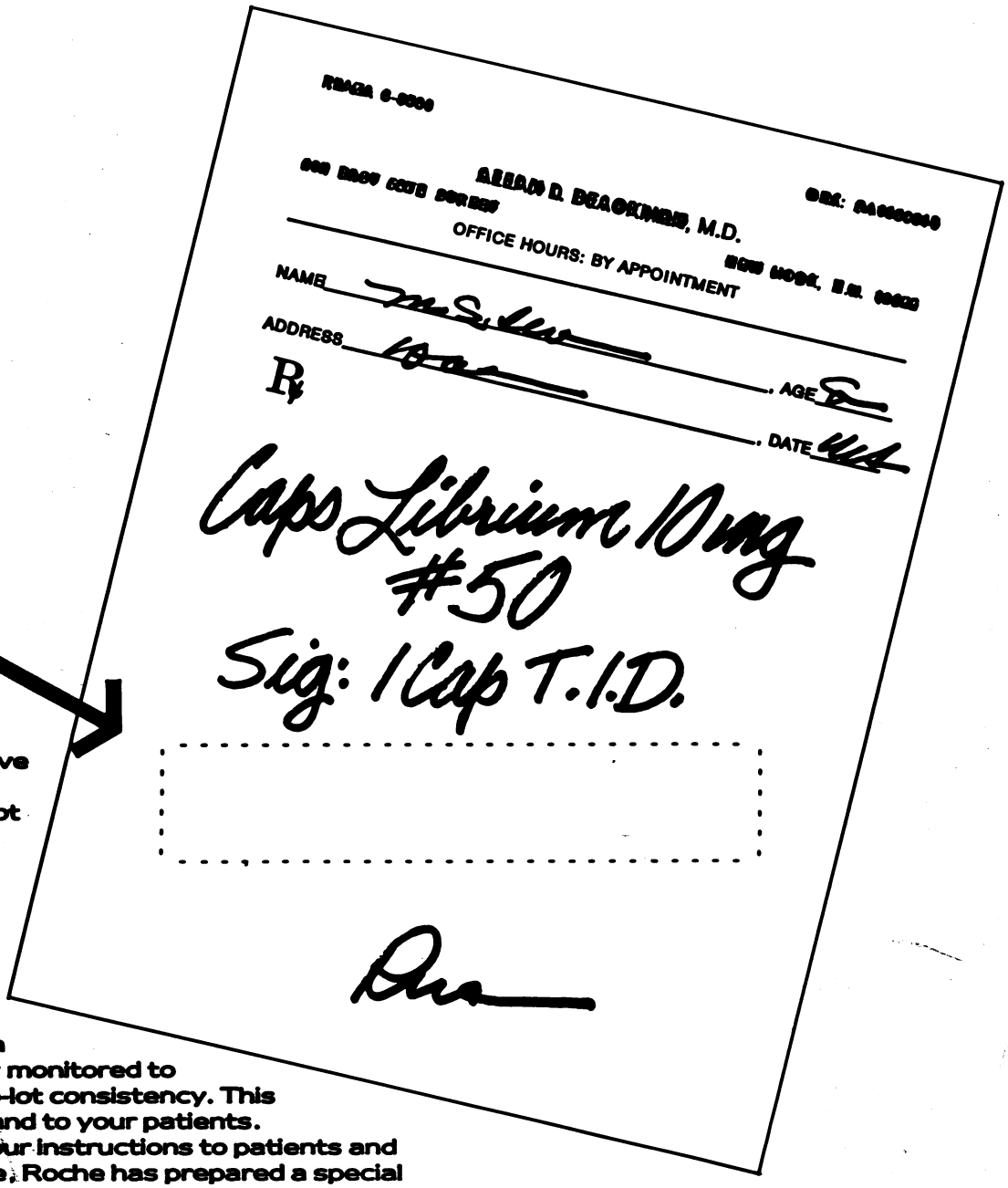
Please see facing page for Brief Summary of prescribing information.

In California, how can you make sure your patients receive Librium when you prescribe it?
(chlordiazepoxide HCl)



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dley, New Jersey 07110.

ase see summary of product information on next page.

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5mg, 10mg, 25mg capsules

Only Librium is Librium
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Unmatched experience in clinical use

Predictable patient response

An unsurpassed safety record

Used concomitantly with many classes of medication, such as cardiac glycosides, diuretics, antihypertensive agents, antacids and anticholinergics

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an original product of Roche research

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Relief of anxiety and tension occurring alone or accompanying various disease states. Efficacy beyond four months not established by systematic clinical studies. Periodic reassessment of therapy recommended.

Contraindications: Patients with known hypersensitivity to the drug.

Warnings: Warn patients that mental and/or physical abilities required for tasks such as driving or operating machinery may be impaired, as may be mental alertness in children, and that concomitant use with alcohol or CNS depressants may have an additive effect. Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported.

Usage in Pregnancy: Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

Usual Daily Dosage: Individualize for maximum beneficial effects. Oral—Adults: Mild and moderate anxiety and tension, 5 or 10 mg t.i.d. or q.i.d.; severe states, 20 or 25 mg t.i.d. or q.i.d. Geriatric patients: 5 mg b.i.d. to q.i.d. (See Precautions.)

Supplied: Librium® (chlordiazepoxide HCl) Capsules, 5 mg, 10 mg and 25 mg—bottles of 100 and 500; Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25, and in boxes containing 10 strips of 10; Prescription Paks of 50, available singly and in trays of 10. Libritabs® (chlordiazepoxide) Tablets, 5 mg, 10 mg and 25 mg—bottles of 100 and 500. With respect to clinical activity, capsules and tablets are indistinguishable.

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Roche Products Inc.
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University of Chicago
Chief Editor, *Archives of General Psychiatry*
Chicago

Richard Dorsey, MD
Director of Psychopharmacology
Emerson A. North Hospital
Cincinnati
Chairman, Task Force of Psychopharmacologic Criteria Development, APA

Thursday and Friday

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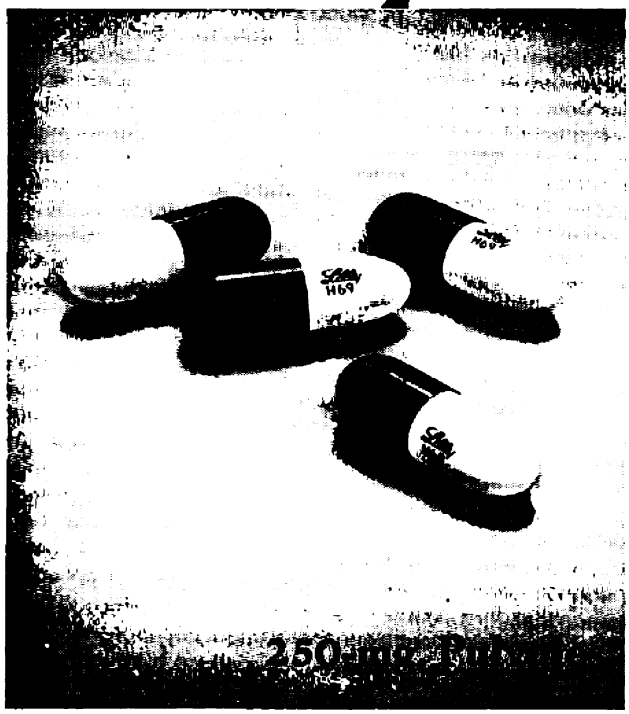

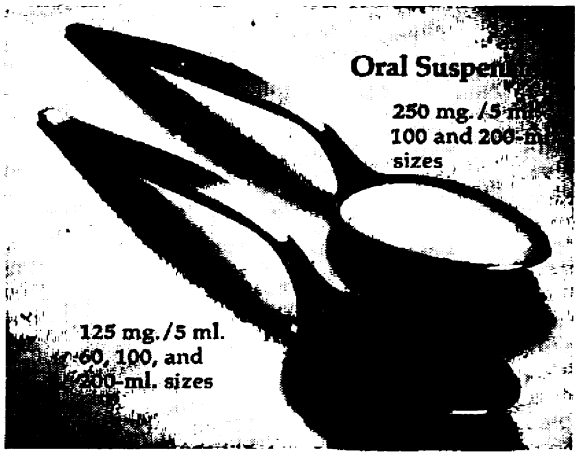

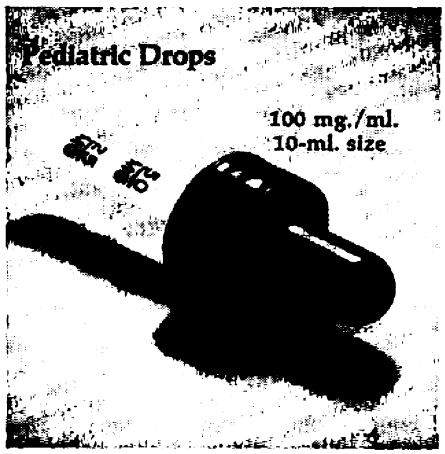

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California Medical Association offers an impressive scientific agenda at its 108th Annual Session. The 35 scientific programs reflect outstanding quality and tempting variety. And not incidentally, most programs are linked to those valuable CME credit hours. Take advantage of this great opportunity for professional interchange with physicians in related specialties as well as your own.

Medical specialty societies are sponsoring meetings jointly with CMA specialty sections in 14 disciplines. So shop your own specialty and check out the others; many may be of interest to you, such as adolescent medicine, coma, seizures, stroke, malignant melanoma, myofascial pain and acute and chronic pain control. Another bonus—the sessions on social issues affecting clinical practice. A sampling includes: stress-related illness; drug abuse: the distorter of disease; dying; abortion: pro and con; the impaired physician.

Excellence best describes this year's offering: more scientific and educational programs and better ones than ever before. Exhibits—scientific and technical—will show you the latest advances in drugs, equipment and services. Take advantage of this bonanza: learn, talk, see, listen and share experiences with one another—with CME credit to boot. Much more is planned, so watch for the full outline of the program and hotel reservation form in the December issue of *The Western Journal of Medicine.* Mark the dates now for

California Medical Association's 108th Annual Session

March 9—14, 1979
Bonaventure Hotel Los Angeles

LOS ANGELES RADIOLOGICAL SOCIETY CONTINUING EDUCATION COMMITTEE

announces

31st Annual

Midwinter Radiological Conference for 1979

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An outstanding faculty has been invited to speak in Diagnostic and Therapeutic Radiology, Nuclear Medicine, Ultrasound and Computerized Axial Tomography. The first day will consist of small workshops in all disiciplines. The next two days will consist of formal lectures and round-table discussions. A Saturday evening dinner dance is again scheduled. The second largest Radiological Technical Exhibit in the country will be open for viewing on all three days.

The optional 10-day Fifth Annual post conference seminar will be held in New Zealand, Australia and Fiji.

SPEAKERS

Diagnostic Radiology

Sidney Wallace, MD
M. D. Anderson Hospital, Houston

Morton A. Meyers, MD
State University, Stonybrook, N.Y.

William Martel, MD
University of Michigan Medical Center

David G. Bragg, MD
University of Utah Medical Center

R. Thomas Bergeron, MD
New York University Medical Center

Thomas F. Meaney, MD
Cleveland Clinic Foundation

Nuclear Medicine

Paul B. Hoffer, MD
Yale University School of Medicine

Ultrasound

George R. Leopold, MD
University of California, San Diego

Radiation Therapy-Oncology

Charles G. Moertel, MD
Mayo Clinic

Oliver H. Beahrs, MD
Mayo Clinic

Theodore L. Phillips, MD
University of California, San Francisco

Leonard L. Gunderson, MD
Harvard Medical School,
Massachusetts General Hospital

Robert B. Livingston, MD
Veterans Hospital, San Antonio

H. J. G. Bloom, MD
Royal Marsden Hospital, London, England

Registration: Fee of $125 includes two luncheons. $75 for residents. Workshops: $25 each.

Advance Registration: Earl P. Detrick, MD, 4415 Lakeview Canyon Road, Westlake Village, California 91361

Hotel Accommodations: Convention Manager, Century Plaza Hotel, Los Angeles, California 90067

Message Center: Century Plaza Hotel (213) 277-2000

NEW ZEALAND, AUSTRALIA, FIJI POST CONVENTION SEMINAR

January 28 through February 9, 1979. $1,375 per person including air fare from Los Angeles, transportation between sites and accommodations. There will be a $195 tuition fee for each registrant.

FACULTY:

R. Thomas Bergeron, MD, *New York University Medical Center;* William Martel, MD, *University of Michigan Medical Center;* Thomas F. Meaney, MD, *Cleveland Clinic Foundation;* A. Franklin Turner, MD, *University of Southern California;* G. Kossoff, *Director-Ultrasound Institute, Sydney, Australia*

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THE UNIVERSITY OF IOWA COLLEGE OF MEDICINE, DEPARTMENT OF FAMILY PRACTICE has the following faculty positions open: (1) Physician Coordinator for Iowa's State Wide Affiliated Family Practice Residency Programs. Tasks will include: maintaining continuous liaison with Program Directors; responding to their needs in the area of educational tools; facilitating the exchange of information, faculty, residents, etc. among programs; and development of a methodology for regular program review. Eligibility for certification by the American Board of Family Practice is required. (2) Family Physician Educator to educate Family Practice Residents and medical students family medicine. Eligibility for certification by the American Board of Family Practice is required. (3) Director of the Williamsburg Family Practice Office. Tasks will include: the coordination of residents and medical students' educational experience in a model office, and management of the model office. Eligibility for certification by the American Board of Family Practice is required. Direct inquiries to: Robert E. Rakel, MD, Professor and Head, Department of Family Practice, University of Iowa, Iowa City, Iowa 52242. The University of Iowa is an equal opportunity and affirmative action employer.

ASSOCIATE MEDICAL DIRECTOR, GENERAL INTERNIST WITH CARDIOLOGY INTEREST needed for 38-bed rehabilitation hospital now committed to expansion. Will assist physiatrist in patient care and provide medical supervision to cardiac rehab program. Located in rapidly growing city of 115,000 which provides excellent year-round sports and financial diversification opportunities. Compensation negotiable and dependent upon experience and qualifications. Contact Kenneth D. Smyth, MD, Medical Director, Idaho Elks Rehabilitation Hospital, 204 Fort Place, Boise, Idaho 83702; (208) 343-2583.

OB/GYN SPECIALIST. Northern Calif. (Redding). Shasta General Hospital (fully accedited). Board certified or eligible. Active outpatient clinic and inpatient unit. 12 full time physician staff includes 2 OB/GYN. $43,000 yr. ($44,500 if board certified). Independent group practice arrangement under consideration. Excellent benefits include prepaid malpractice insurance. Contact Eugene Earl, MD, Medical Director, Shasta General Hospital, 2630 Hospital Lane, Redding, CA 96001, phone (916) 241-3232.

ESTABLISHED GP PRACTICE looking for another associate. Contact Overmiller Medical Clinic, Inc., 196 Lincoln Way, Auburn, CA 95603.

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Person will be responsible to initiate and monitor clinical trials of new drugs to determine safety and efficacy and will assist the Director in all clinical research affairs. Emphasis at this time will be in intravenous nutritional therapy (fat emulsion, specialized amino acid preparations, etc.). MD degree with experience and post graduate training in intravenous nutritional therapy required with either medical or surgical orientation. **Submit CV to: Cutter Laboratories, Inc., Dean G. Gallinatti, Corporate Personnel Administration Manager, 4th and Parker Streets, Berkeley, CA 94710. Phone: (415) 841-0123.**

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SAN FRANCISCO BAY AREA—Family Practice, General Practice, Internal Medicine Physicians: Unique opportunity to affiliate with newly formed quality oriented medical group practice adjacent to 204-bed nonprofit accredited acute care hospital. Modern 4-story group practice facility under construction. Salary guarantee plus paid vacation and professional education leave. No capital investment requirements. Malpractice insurance provided. Inquire: Administration, Oak Hill Medical Group, 431-30th St., Oakland, CA 94609. Telephone (415) 451-4900, ext. 304.

ORTHOPEDIC SURGEON needed for large Medical Group. Complete x-ray and lab facilities. Starting salary is $4,000 per month with increments to follow until eventual Partnership is reached. Free health and accident insurance. Malpractice and medical dues paid. Contact Mr. Feldman, 2675 E. Slauson Ave., Huntington Park, L.A. County, Calif. 90255. Phone (213) 589-6681.

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WANTED IMMEDIATELY: Preferably Board Certified Cardiologist for noninvasive cardiology practice in California. Reply Box 6001, The Western Journal of Medicine, 731 Market St., San Francisco, CA 94103.

SAN DIEGO STATE UNIVERSITY is seeking a Medical Officer to serve in a permanent ten-month position at 20 hours/week. Performs medical services in the medical and health counseling program. Requires possession of valid license to practice medicine in the State of California; completion of internship in practice of medicine. Experience beyond internship desirable. Ability to diagnose and prescribe treatment in a university program. Salary: $13,800-$16,615/yr. Apply before 10/30/78 to Employment Division, SDSU, San Diego, CA 92182. An Equal Opportunity/Affirmative Action/Title IX Employer.

WANTED: Univ. trained general surgeon needed to join 2 other general surgeons in 15 man clinic. Excellent qualifications req'd. Location: southern Idaho, near excellent outdoor recreation. Write Box 6003, Western Journal of Medicine, 731 Market St., San Francisco 94103.

MEDICAL DIRECTOR—Fresno County Department of Health desires California licensed, full-time Board certified/eligible OB-Gyn Medical Director for Maternal Health, including Family Planning. Staff privileges available at excellent UC San Francisco-affiliated training facility. Contract salary $48,000 to $51,738. Contact Harold J. Haughton, MD, Box 11867, Fresno, CA 93775, or call (209) 488-3782.

DEPUTY CHIEF OF HEALTH—The California Department of Industrial Relations has an immediate vacancy for the position of Deputy Chief of Health. The Deputy Chief is appointed by the Governor and serves at the pleasure of the Director of the Department of Industrial Relations in a position exempt from the civil service.

The Deputy Chief of Health is responsible for the planning, organization, and direction of the statewide Occupational Health Program within the Division of Occupational Safety and Health Administration. This includes the supervision and direction of the inspections or investigations of health hazards related to specific workplaces as required by the Cal/OSHA Program; trains safety engineers in the recognition of health hazards; gives assistance and advice on the organization and administration of occupational health programs with emphasis on the promotion of preventive health services for occupational groups; provides for assistance to local health departments in developing occupational health programs; maintains liaison with and coordinates the activities and programs of the Occupational Health Section with the activities of other local, State, and national official and voluntary agencies; selects and trains personnel, evaluates their performance and takes or recommends appropriate action; prepares and reviews administrative documents and reports; prepares articles for publication; addresses interested groups. A workforce of approximately 113 professional, technical and administrative personnel are assigned to this unit.

Applicants must possess the legal requirements for the practice of medicine in California and be certified or eligible for certification by the American Board of Preventive Medicine and have two years of increasingly responsible administrative or consultative experience as a physician in the field of public health, preferably with some experience in an occupational health program. The Deputy Chief should be knowledgeable of: public health principles, priorities and administrative procedures; Federal, State, and local programs for occupational health services; purposes and practices of medical service programs for occupational groups.

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INTERNIST WANTED—Desire General Internist or Endocrinology subspecialty, to join multi-specialty group practice in San Francisco Bay Area. Must be Board Eligible or Certified. Early partnership. To be available approximately July 1979. An outstanding opportunity. Send Curriculum Vitae to Mr. T. L. Worthylake, Administrator, San Mateo Medical Clinic, 23 Baldwin Avenue, San Mateo, CA 94401.

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PULMONARY MEDICINE GROUP—SAN DIEGO AREA seeks associate for practice that includes medical direction of pulmonary medicine departments as well as office and hospital consultations. Submit CV to Box 2771, La Mesa, CA 92041.

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SAN FRANCISCO BAY AREA INDUSTRIAL CARE CLINICS need physicians experienced in orthopedics, primary care and/or emergency care or family practice. Fulltime, regular hours, salary, fringe benefits and malpractice insurance provided. Call or write S. Johnston, Personnel Supervisor, Preventive Medicine, 3069 Lawrence Expressway, Santa Clara, CA 95051, (408) 733-7775.

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PATHOLOGIST, Board Certified PA and CP, with 9 years post-doctorate training and 13 years experience in one hospital, seeks to relocate. Solo or group practice. Write Box 6002, Western Journal of Medicine, 731 Market St., San Francisco, CA 94103.

OTOLARYNGOLOGIST: UCSF-Tulane University trained in Head and Neck, Cosmetic and Maxillofacial Surgery, Otology, ENG and Allergy. California license. AAOO Merit Award for Research. CV upon request. Available August 1979. Reply Box No. 6000, The Western Journal of Medicine, 731 Market St., San Francisco, CA 94103.

TWO INTERNISTS, board eligible, available Sept. 1979, desire assoc. with group in CA, AZ. H. Hammer, MD, 235 Edgemere Ct., Okla. City, OK 73118. (405) 525-5838.

(Continued on Page 26)

(Continued from Page 25)

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EXPERIENCED GP seeking opportunity for General Practice office in Westlake-Thousand Oaks area. Will lease, purchase, or share office space. (213) 889-5531 or Box 6005, Western Journal of Medicine, 731 Market St., San Francisco, CA 94103.

CARDIOLOGIST: AOA, ABIM, Cardiovascular BE, Yale University-trained in all invasive/non-invasive techniques; desires group-practice/partnership; Reply Box 6006, Western Journal of Medicine, 731 Market St., San Francisco, CA 94103.

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BOARD CERTIFIED, 1 year experience in General Medicine and Infectious Disease. Very interested in surgery. Wishes to relocate in rural area. Available 30 days. Johnnie Lewis, PAC, 814 Buchanan Ct., Oildale, CA 93308. Tel. (805) 399-0791.

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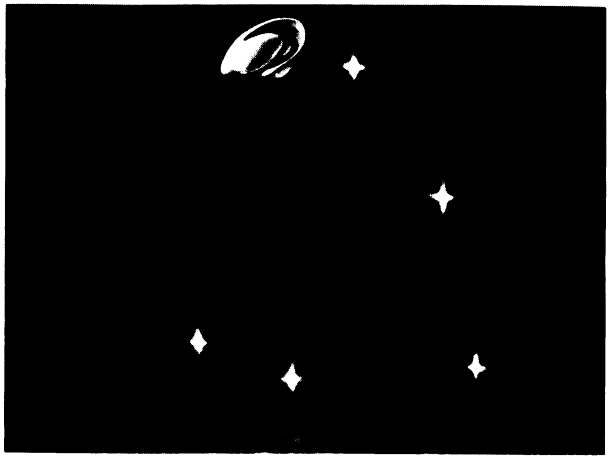
When the somatic symptoms are there but the signs of organic disease are not

it could be the message of psychic tension



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For many patients, functional disorders are both difficult to understand and to accept. How do you treat the condition? With the necessary supportive measures, including counseling and reassurance. And often, Valium (diazepam) can be one of your strongest therapeutic allies.

Valium works promptly and dependably to reduce excessive psychic tension. Often, your patient feels calmer within hours and within days response is both pronounced and sustained. Equally important, Valium is usually well tolerated. Side effects more serious than drowsiness, fatigue and ataxia are rare. Of course, as with all CNS-acting agents, patients on Valium should be cautioned against drinking alcohol or operating dangerous machinery. Periodic reassessment of therapy with Valium is also recommended.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

The effectiveness of Valium (diazepam) in long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should periodically reassess the usefulness of the drug for the individual patient.

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

***Usage in Pregnancy:* Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

Dosage: Individualize for maximum beneficial effect. *Adults:* Tension, anxiety and psychoneurotic states, 2 to 10 mg b.i.d. to q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; adjunctively in skeletal muscle spasm, 2 to 10 mg t.i.d. or q.i.d.; adjunctively in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. *Geriatric or debilitated patients:* 2 to 2½ mg, 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) *Children:* 1 to 2½ mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under 6 months).

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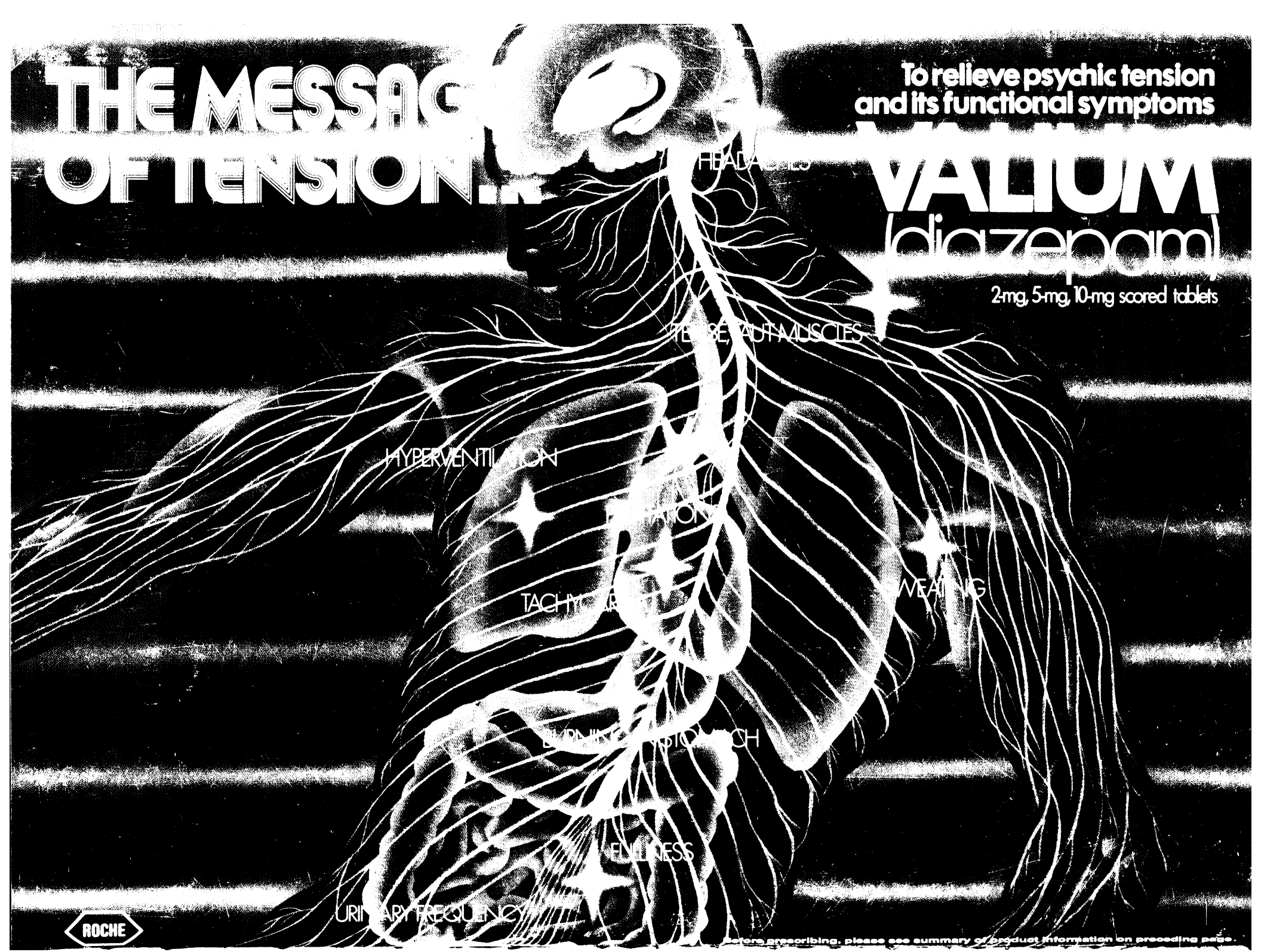
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